### FORM D

## **UNITED STATES** SECURITIES AND EXCHANGE COMMISSIONSSING Washington, D.C. 20549

MAY 18 2008 FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION 110 SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

14742 27							
OMB APPROVAL							
OMB Number: 3	235-0076						
Expires April 30,							
Estimated average burden							
hours per response: 16.00							

SEC USE ONLY

DATE RECEIVED

Serial

Prefix



08048752		
Name of Offering ( check if this is an amanalpha+ Managers: Portfolio 7 LLC: 1	endment and name has changed, and indicate change. imited Liability Company Units	)
Filing Under (Check box(es) that apply):		☐ Section 4(6) ☐ ULOE
Type of Filing:		
	A. BASIC IDENTIFICATION DATA	•
1. Enter the information requested about the	e issuer	
Name of Issuer ( check if this is an ame	ndment and name has changed, and indicate change.)	1
Alpha+SM Managers: Portfolio 7 LLC		<u></u>
Address of Executive Offices One New York Plaza, New York, New	(Number and Street, City, State Zip Code)	Telephone Number (including Area Code) (212) 902-1000
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State and Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business  To operate as a private investment fun	d.	P PROCESSED
		MAY 2 2 2008
Type of Business Organization		
☐ corporation ☐ business trust	☐ limited partnership, already formed☐ limited partnership, to be formed☐	other (please specify):  Limited Liability      Other content
Actual or Estimated Date of Incorporation o	r Organization: Month Year 0 6 0 7	☑ Actual ☐ Estimated
Jurisdiction of Incorporation or Organizatio	n: (Enter two-letter U.S. Postal Service abbrevic State: CN for Canada; FN for other foreign ju	<del></del>
GENERAL INSTRUCTIONS		***************************************

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIF	ICATION DATA
2. Enter the information requested for the following:	
* Each promoter of the issuer, if the issuer has been organized with	n the past five years:
•	ect the vote or disposition of, 10% or more of a class of equity securities
of the issuer;	
* Each executive officer and director of corporate issuers and of corporate	porate general and managing partners of partnership issuers; and
* Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐	Executive Officer  Director  General and/or  Managing Partner
Full Name (Last name first, if individual)	<del></del> - ·
Goldman Sachs Asset Management, L.P. (the Issuer's Managing Meml	er)
Business or Residence Address (Number and Street, City, State, Zip Cod	2)
One New York Plaza, New York, New York 10004	
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐	Executive Officer
Full Name (Last name first, if individual)	
Benz Living Trust UAD 06/13/2003	
Business or Residence Address (Number and Street, City, State, Zip Cod	e)
3625 Ocean Ave., Corona Del Mar, CA 92625	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑	Executive Officer* Director General and/or of the Issuer's Managing Member Managing Partner
Full Name (Last name first, if individual)	
Asali, Omar M.	
Business or Residence Address (Number and Street, City, State, Zip Cod	e)
One New York Plaza, New York, New York 10004	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ *	Executive Officer* Director General and/or of the Issuer's Managing Member Managing Partner
Full Name (Last name first, if individual)	
Barbetta, Jennifer	
Business or Residence Address (Number and Street, City, State, Zip Cod	2)
One New York Plaza, New York, New York 10004	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ *	Executive Officer* Director General and/or of the Issuer's Managing Member Managing Partner
Full Name (Last name first, if individual)	
Gottlieb, Jason	
Business or Residence Address (Number and Street, City, State, Zip Cod	e)
One New York Plaza, New York, New York 10004	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑	Executive Officer* Director General and/or of the Issuer's Managing Member Managing Partner
Full Name (Last name first, if individual)	· · · · · · · · · · · · · · · · ·
Ort, Peter	
Business or Residence Address (Number and Street, City, State, Zip Cod	e)
One New York Plaza, New York, New York 10004	

General and/or

Managing Partner

abla

Beneficial Owner

Check Box(es) that Apply:

Business or Residence Address

Ross, Hugh M.

Full Name (Last name first, if individual)

One New York Plaza, New York, New York 10004

☐ Promoter

(Number and Street, City, State, Zip Code)

Executive Officer\* 

Director

\* of the Issuer's Managing Member

				B. INI	FORMAT	ION ABO	UT OFFI	ERING					
								Yes	No				
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							*********		$\square$				
	Answer also in Appendix, Column 2, if filing under ULOE.												
2. What is the minimum investment that will be accepted from any individual?								\$	*				
*The Issu	er's Manag	ger may in i	ts sole disc	retion acce	pt subscrip	tion amour	its in whate	ever amoun	t it determ	ines is	Yes	No	
acceptable	e.		.1.	- C!1-							EZI	.vo	
		permit joint									æ	444	
4. Enter	the informa	ition reques	ted for eacl	h person w	ho has been	n or will be	e paid or g	iven, direct	ly or indire	ctly, any			
If a per	rson to be li	isted is an a	ssociated pe	erson or age	nt of a brok	er or dealer	registered	with the SE	C and/or wi	th a state			
		ame of the						d are associ	ated person	s of such			
		you may se		ntormation	for that bro	Ker or dear	er only.						
	•	e first, if ind	ividuai)										
Goldman,	Sachs & C	*											
			sold throu	gh Goldma	n, Sachs &	Co., no coi	nmissions	will be paid	l, directly o	r indirectly	, for solicit	ing any	
	in any jur ve Residence	isdiction. e Address (l	Number and	Street City	State Zin	Code)			<del></del>				
Dusiness	n residence	c Address (1	vuinoer and	alleet, On	,, otate, 2.1p	(000)							
		v York, Nev	• •	004									
Name of A	Associated E	Broker or De	ealer										
		n Listed Ha							-		🗹 All States		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	(DC)	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	(MN)	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Name	(Last name	first, if ind	ividual)				••						
Business o	or Residence	e Address (1	Number and	Street, City	y, State, Zip	Code)							
Name of A	Associated E	Broker or De	ealer										
States in V	Which Perso	n Listed Ha	s Solicited	or Intends t	o Solicit Pu	rchasers							
							***************************************				🗆 AI	1 States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Name	(Last name	e first, if ind	ividual)										
***************************************													
Business of	or Residence	e Address (1	Number and	Street, City	y, State, Zip	Code)							
Name of A	Vanasiatad E	Probos os De	20104		· · · ·								
Name of A	Associated E	Broker or Do	ealer										
		on Listed Ha								<del></del>			
`				•								All States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[lA]	[KS]	(KY)	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	(NE)	[NV]	(NH)	[NJ]	[NM]	[YV]	[NC]	[ND]	[OH]	[OK]	[OR] [WY]	[PA] [PR]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	["	[i N]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\perp \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$	0	\$ ;	0
	Equity	_	0	; _	•
	□ Common □ Preferred	-			
	Convertible Securities (including warrants)	\$	0	\$ 5	0
	Partnership Interests	_		\$ ; _	0
	Other (Specify): Limited Liability Company Units	_		; _ ; _	
	Total	_		; –	
	Answer also in Appendix, Column 3, if filing under ULOE.	_			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number		Aggregate Dollar Amount
			Investors		of Purchases
	Accredited Investors	-	76	\$ _	51,684,000
	Non-accredited Investors	_	0	_	0
	Total (for filings under Rule 504 only)	_	<u>N/A</u>	\$ · —	N/A
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.				
	Type of offering		Type of Security		Dollar Amount Sold
	Rule 505		N/A	\$ ;	N/A
	Regulation A	_	N/A	\$ ; _	N/A
	Rule 504	_	N/A	\$ ; _	N/A
	Total		N/A	\$ ;	N/A
tl tl	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.	_			
	Transfer Agent's Fees			\$ ;	0
	Printing and Engraving Costs			\$ ; _	0
	Legal Fees		<b>Ø</b>	\$ ;	29,277
	Accounting Fees			\$ ;_	0
	Engineering Fees.			\$ ;_	0
	Sales Commissions (specify finders' fees separately)			\$ ;_	0
	Other Expenses (identify)			\$ ;	0
	Total		Ø	\$ ; _	29,277

	C. OFFERING PRICE, NUM	IBER OF INVESTORS, EXP	ENS	ES A	ND USE OF P	ROCE	EDS	
- Ques	er the difference between the aggregate of tion 1 and total expenses furnished in re- ace is the "adjusted gross proceeds to the	esponse to Part C - Question 4.a	. Thi	is		\$_		51,654,723
to be u furnish paymer	e below the amount of the adjusted gross sed for each of the purposes shown. If the an estimate and check the box to the ats listed must equal the adjusted gross procession of C - Question 4.b. above.	ne amount for any purpose is not left of the estimate. The total	knowi of th	n, ie				
					Payments to Officers, Directors, & Affiliates			Payments To Others
Salarie	and Fees			\$_	0		\$_	0
Purcha	se of real estate			\$_	0		\$_	0
Purcha	se, rental or leasing and installation of ma	chinery and equipment		\$_	0		\$_	0
Constru	action or leasing of plant buildings and fac	cilities		\$_	0		\$_	0
this of	tion of other businesses (including the vering that may be used in exchange for issuer pursuant to a merger)	or the assets or securities of		\$	0	Ō	\$	0
Repayr	nent of indebtedness			<b>\$</b>	0		s –	0
	g capital			\$ <b>-</b>	0	. –	s -	0
	Specify): Limited Liability Company U			\$ - \$	0	- — 21	` — \$	51,654,723
•	Totals			\$ \$	0	- <del>-</del>	s —	51,654,723
Total P	ayments Listed (column totals added)	••••••		☑ \$	51,65	4,723	•	
	<u></u>	D. FEDERAL SIGNATU	RE					
following	has duly caused this notice to be signed signature constitutes an undertaking by the information furnished by the issuer to	he issuer to furnish to the U.S. Se	curiti	es an	d Exchange Comm	nission,	upon	written request
Issuer (Prin Alpha+ <sup>SM</sup> [	t or Type) Annagers: Portfolio 7 LLC	Signature Said Kear	T		Date May <u><b>!4</b>,</u> 2008			
Name of Sig David Krau	ner (Print or Type) t	Title of Signer (Print or Type) Assistant Secretary of the Issu	ier's !	Mana	ging Member			
		I,						

END

## ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).